

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the Brown County Human Services Committee was held on Wednesday, March 29, 2017 at the Aging & Disability Resource Center, 300 S. Adams St., Green Bay, Wisconsin.

Present: Chair Hoyer, Supervisor Brusky, Supervisor Schadewald, Supervisor Linssen
Excused: Supervisor De Wane
Also Present: Supervisor Campbell, Deputy Executive Jeff Flynt, Director of Community Programs Nancy Fennema, Health Director Anna Destree, Director of Human Services Erik Pritzl, Hospital and Nursing Home Administrator Luke Schubert, Finance Manager Eric Johnson, ADRC Director Devon Christianson, ADRC Dementia Care Specialist Nicolette Miller, ADRC Board Members: Larry Epstein, Beverly Bartlett, Pat Finder-Stone and Mary Johnson, Katrina Catteruccia, Dana Black, Gina Rao and other interested parties.

Audio of this meeting is available by contacting the County Board Office at (920) 448-4015

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 5:30 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve. Vote taken.

MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of February 22, 2017.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Comments from the Public: None.

Report from Human Services Chair, Erik Hoyer:

Chair Hoyer thanked the ADRC for hosting the meeting as well as for the tour of the facility which showed from where it came and where it is going and all the ways the ADRC meets the needs of the citizenry of Brown County.

1. Review Minutes of:

- a. Aging & Disability Resource Center (January 26, 2017).
- b. Board of Health (February 2, 2017).
- c. Children with Disabilities Education Board (January 16 & February 27, 2017).
- d. Mental Health Treatment Committee (February 15, 2017).
- e. Veterans' Recognition Subcommittee (February 21, 2017).

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to suspend the rules to take Items 1a-e together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve Items 1a-e. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Communications

2. **Communication from Supervisor Hoyer re: Discuss contracting Rise Together to present in Brown County schools in an effort to help our youth avoid addiction and other devastating consequences of drug use. *January Motion: To hold until the March meeting.***

Human Services Director Erik Pritzl spoke to alcohol and drug abuse block grant funds and informed that a certain amount has to be spent on prevention activities. A request for quotes (RFQ) was sent out for prevention activities in 2016 and Family Services was the only entity to respond. Pritzl knows about the lockbox component as well as some other tangible features. One of the things in the RFQ was a community education component that included presentations to increase awareness as well as other things such as resource directories, media campaigns, brochures and speaking engagements. The grant was for one year with the option to renew for a second year if the State provided funding, which they did.

Pritzl has met with public health division staff and the Public Health Officer to talk about this and one of the options is to look into a Drug Free Communities grant which Brown County did have at one time but does not have at this time. The application for this would be done in 2018 and Pritzl feels if this is something the County would be interested in, now would be a good time to start preparing. This would be a five year grant and would partner with groups like Rise Together.

Hoyer asked if it would be possible to have a conversation with Family Services as to what they have done and what they could do and Pritzl responded that he will be talking to them about this and will report back at the next meeting.

Supervisor Schadewald asked what the process would be to pursue the Drug Free Communities grant. Pritzl responded that when the time comes they will need support in the form of letters as well as an indication that the County Board supports the application. The grant is not released yet, but Pritzl said it is a federal grant and will therefore be tied to the federal fiscal year and he feels it would be good to start looking at the coalitions and collaborations in place now and to build them up if we need to so we have the appropriate support. Schadewald would like a report as to the timeline for this at the April meeting. Pritzl feels this would be a great opportunity for Health and Human Services to work collaboratively and come together to do a lot internally.

Supervisor Linssen questioned what percentage of programming the grant would cover. Pritzl said there is almost always a match requirement but this depends on the grant and how it is structured. At this time he does not know what the match is but he can look at past grant releases to ascertain this information. Schadewald suggested Pritzl include grant application information under his Director's Report at upcoming meetings.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Wind Turbine Update

3. **Receive new information – Standing Item.**

Hoyer recalled that Dr. Coussons came to a recent Board meeting and spoke under comments from the public, but there was no interaction. A discussion ensued regarding having Dr. Coussons present at the Human Services Committee versus having an official presentation at a County Board meeting and Hoyer questioned what the Committee would prefer. Schadewald said he is in the process of talking with the Board Chair about a formal presentation to include a question and answer period.

No action taken.

Human Services Department

4. **Resolution re: Reclassification of a Clinical Social Worker Position in the Human Services – Community Treatment Center Table of Organization.**

Hospital Administrator Luke Schubert informed they are looking to pursue less mandated qualifications for the social worker for the Bay Haven unit in an effort to save some money in restructuring the work on the unit. There are not recruitment issues, but they do not feel they needed a masters' level for the duties involved in the position. Schadewald wants to be sure Schubert understands that if the qualifications are reduced, it would be difficult to raise them back up in the future. Schubert understood and added that they feel confident that a bachelor's level would be appropriate.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

5. Resolution re: A Change in Table of Organization for the Human Services – Community Programs Department Clerk II Position.

Pritzl stated when this went through during the budget they had applied for a grant for the TAD program but then received notice that they did not receive the full amount. There were some additional funds allocated and some things got pulled out. There were contracts in place for the clerk position and they decided to put those funds into contracted services knowing that it would be necessary to go back and put the position in the table of organization because the treatment court program has been expanded through the grant dollars. The administrative support component is necessary and is part of the grant that was not funded. This resolution is to fix the issue and put the clerk position in the table of organization. The clerk handles a lot of the data collection and reporting requirements associated with the treatment courts that need to be done to guarantee the funding as well as tracking the outcomes of the treatment courts. The treatment courts are one of the major options to reducing jail population according to the Sheriff and Schadewald asked Pritzl if this would be the last change needed in the table of organization. Pritzl responded that if the treatment courts expanded further, there could be more need, but at this time, this should meet the needs.

Brusky questioned the pay grade and Pritzl confirmed that the position should be at Pay Grade 17. It was noted that the Pay Grade on the submission form is listed incorrectly, but the Pay Grade in the actual Resolution is correct.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve with the change of Pay Grade from 12 to 17 on the Resolution Submission Form. Vote taken. MOTION CARRIED UNANIMOUSLY

6. Executive Director's Report.

Pritzl referred to the report in the packet. He talked about the comparison in census at Nicolet inpatient unit from 2016 to 2017 and noted that the average daily population in February, 2017 has been over 12. The unit has been full more frequently recently than in the past and several weeks ago both Nicolet and Bay Haven were full. Currently Nicolet is full and utilization is high. He also noted that both Bellin and Willow Creek are frequently at capacity and this requires continued use of Winnebago because Human Services is required to make sure that people get inpatient care and are provided inpatient placements when necessary. Schadewald asked if there is any effort to let the Committee know where these trends may be headed to be used in future planning. He asked if people are coming to Brown County to receive services or if County residents are needing more services or if something else is going on that would help policy makers make decisions. Pritzl responded that this is very unusual and the only thing he can do is dig through a sampling of cases. He is aware that in some situations there were people from other counties present in Brown County that needed a detention. They are seeing a little more of those situations. It could also happen that people seek services at Willow Creek that then need a detention and those people then become the responsibility of the County. Pritzl said he had a meeting with Willow Creek recently and was advised that they hope to be in the range of 25 – 28 beds which would be an improvement, but if the County numbers are in the same range as they currently are in six months, something would need to be done. Pritzl will continue to monitor this and keep the Committee advised.

Pritzl also commented on the Economic Support Division and said they are awesome and do a great job. He included documentation in the agenda packet that shows how that unit is performing as a whole. They added an overpayment specialist in 2016 which has assisted the consortium in identifying and processing over \$768,000 in overpayments.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

7. Financial Report for Community Treatment Center and Community Programs.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Statistical Reports.

- a. CTC Staff – Double Shifts Worked.
- b. Monthly CTC Data - Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
- c. Child Protection - Child Abuse/Neglect Report.
- d. Monthly Contract Update.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to suspend the rules to take Items 8a-d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve Items 8a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Request for New Non-Continuous and Contract Providers and New Provider Contract.

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to pull the first page of 8d in the agenda packet (new non-continuous non-contracted providers and contracted providers dated march 21) and put into Item 9. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to approve Item 9. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center

10. Resolution in Support of Retaining and Expanding Wisconsin's Aging and Disability Resource Centers' Dementia Care Specialist Program and Promoting the Work of the Dementia Friendly Coalition in Brown County.

At this time the Director of the ADRC, Devon Christianson, welcomed the Committee and thanked them for coming to the ADRC and taking the tour. She appreciates the support and indicated that there are several ADRC Board members in attendance who support this resolution and helped craft it.

Supervisor Campbell spoke to the resolution as the County Board's representative of the ADRC. She said there is work that needs to be done to maintain the position. The ADRC has worked very hard to become a dementia friendly community which requires a number of things institutionally as well as with this position which is one of the big things they fought for. Dementia and Alzheimer's are family matters, not individual matters and Campbell feels it is important to talk about the families who are affected by these diseases. The quality of life of these people can be greatly enhanced by supporting families of those with early onset of dementia and Alzheimer's. She is a very strong advocate for this position and said she has personal experience with this. The position works to keep people in their homes as long as possible by providing support services early and there is great need to continue to fight to keep the position. She encouraged the Committee to contact their representatives, particularly on joint finance to advocate in support of this position and this program. Campbell continued that this is more than just keeping people out of nursing

homes; it is about the quality of life of people and how it can be enhanced and for how long. She also thanked the ADRC Board members who attended this meeting and had them introduce themselves. The Board is made up of 15 members who are all volunteers who represent the populations that the ADRC serves.

Linssen asked about the changes with the Governor's proposed budget and what the numbers are that were lost to Brown County for this. Christianson referred to handouts she provided to the Committee, copies of which are attached, that show the number of people in the community with dementia. The handout shows the cost is \$161 per day or \$58,925 annually for someone to be institutionalized. This position helps keep people in the community an average of 18 months. If the dementia care specialist keeps two people a year out of an institution, the grant is more than paid for. The handout also shows numbers of what it would cost to continue the programs and Christianson said that in Brown County, the position is able to do medical assistance claiming so additional federal dollars are being drawn into the community to serve other programs.

Christianson continued that the actual position was originally a federal grant that came to the State of Wisconsin, and Wisconsin put additional revenue into it in order to expand the pilot programs. The map provided shows the coverage area of the position. She noted that many of the communities that do not have these positions really do not know what they are missing so they are not advocating for it because they have not seen the benefit. Brown County has had tremendous momentum in the coalition and does not want to take a step backwards. The coalition is working on a number of initiatives that are really moving the needle in addition to the direct services being provided to families.

Linssen wished to get a better understanding of the funding for this program and Christianson explained these positions were pilots that started in 2014 and showed a lot of success so the State put out another set of pilots. The State DHS has been pretty strong in saying they want these to continue, but they were seen as pilot programs with State dollars. They were then not included in the State budget and without them being included, the pilots will not exist. Linssen said the resolution states the Governor's proposed budget eliminated funding and asked if it was that the State's portion was eliminated or if it is just that they did not pick up the additional portion. Christianson responded that the State budget was the \$80,000 that funded the pilot projects so that \$80,000 was not included in the budget but had been in the previous budget. Christianson continued that the federal dollars can only occur if the State dollars are coming in. The feds did not cut the program; they simply will not pay for something that does not exist.

Linssen asked where the \$161 per day cost came from. Christianson responded that there is an elderly benefits specialist program that takes the average of nursing home costs that are Medicaid driven in the nursing homes throughout the state and that is where the figure came from. What happens is people use their private resources very quickly and then go on Medicaid. By helping people maintain their personal resources in a community and keep them from going into a nursing home, we can stop them from spending all of their resources and then going on government Medicaid dollars. It is known that dollars are saved by keeping people at home longer and this is a very wise investment. The dementia diagnosis is very devastating as there is no cure and it is a downward trajectory and is a very expensive disease because of the amount of supervisor and support required. Christianson said that what is in the budget right now is nothing so there would be no dementia care specialist. The advocacy piece is asking for cost to continue for 2016 and then have a plan to expand this to the other parts of the state to keep the momentum going so people statewide can benefit from it.

Campbell added that this has to be one of the most rewarding programs, not only for the individuals, but also for their families. These are people who are committed to taking care of their loved ones and they need support and they also need to understand what is happening and be guided along the way. These programs make a huge difference in the quality of life for people and she urged everyone to fight for this. She said that Brown County is a pioneer in this program and has compiled a lot of data and it is important for the County to continue it, not only for ourselves, but for others that can benefit from it as well.

Schadewald asked if the ADRC has coordinated lobbyists for this effort. Christianson said the ADRC itself does not have a lobbyist, but Greater Wisconsin Aging Resources does have a lobbyist and there is also a professional association. It was indicated by the professional association that if each community commits to saying they believe in dementia friendly communities it will help all the other counties move forward.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

11. Director's Report.

Christianson informed that they appreciate the connection they have with NEWEye because so much of what they do has to do with outreach and promotion and reaching people sooner. She also talked about the coffee chats they do every month which are put out on NEWEye. They will be opening a coffee shop within the ADRC soon. This has been a huge effort over the last few years and will support people with disabilities. They are also very close to working their way through the waiting list that occurred in the transition to Family Care. Transitioning people from County services to the Family Care program was a monumental effort and they are now starting to see the waiting lists shrinking and people are able to be connected with programs very quickly. They are hopeful that the dollars do not get cut and this goes back to the whole issue of people staying in the community longer. They are working hard getting back to options counselling and helping people make good choices with regard to the services that are available.

Schadewald advised that the County Board will be looking at all the programs and services the County provides and he would like the ADRC to be aware of that. Christianson understood this and indicated she feels they have a beneficial win win situation with the County and the ADRC gets great bang for the bucks they get. The County dollars help fill holes that programs do not allow them to do.

Brusky asked about the home bound meals program and if there is a chance that funds would be lost for this program as she has been seeing things on TV about this. Christianson said currently the proposed cut to the Community Block Grant is not the same dollars that fund the Older Americans Act nutrition program. She does not want to create a sense of alarm until she knows exactly what is going on, but when you hear about the cuts to domestic programs, it includes these types of programs.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Other

12. Audit of bills.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to pay the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

13. Such other Matters as Authorized by Law.

Hoyer indicated that the next meeting will be held on April 26 at 5:30 pm in Room 200 of the Northern Building.

At this time Katrina Catteruccia came forward and indicated that there were two families in attendance who wished to speak about their experiences with regard to Family Access Solutions.

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to allow additional comments from the public. Vote taken. MOTION CARRIED UNANIMOUSLY

-Dana Black, 2675 Stonegate Drive, Green Bay, WI

Black said she started using visitation services when she was domestically abused several years ago. She has been using the services for three years and is very happy with them. Her son feels comfortable and safe in

the program. Accommodations have been made so that she does not have contact with her ex-husband so as not to violate a restraining order. She supports the program and would be willing to speak to anyone about it.

-Gina Rao, 713 N. Erie St., De Pere, WI

Rao has two sons who use the visitation program. She shared her story with the Committee and feels that an agency such as FAS provides additional security and consistency and reliability and ease of scheduling. She is definitely very supportive of the services that Katrina is providing.

Catteruccia thanked the Committee for allowing these individuals to speak.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

14. Adjourn.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to adjourn at 6:32 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Alicia A. Loehlein
Recording Secretary

Therese Giannunzio
Transcriptionist



Brown County's Dementia Care Specialist Program *A Wise Investment: Crucial to Containing Costs*



Ensure critical programs and services are consistently available by adding Dementia Care Specialist (DCS) funding to ADRC's base allocation. Expand DCS services statewide over the next proposed 2017-2019 biennial budget.

Dementia is life changing and expensive - Every 66 seconds someone in the US develops Alzheimer's disease. It not only changes their life and the lives of those around them but substantially ***adds to the cost of health and long term care, especially public funding.*** This trend is not slowing down anytime soon.

Dementia in Wisconsin is on the rise - In Wisconsin we estimate 115,000 individuals 65 and older are living with some form of clinically diagnosable dementia. By 2040, the population is expected to grow to 240,000. This does not account for the estimated 5% of individuals younger than 65. *In Brown County we estimate 14,452 individuals are living with some form of clinically diagnosable dementia.* The care and treatment of persons with dementia is now being described as ***a public health emergency.***

Dementia Care Specialist save taxpayers money - The Dementia Care Specialists (DCS), housed within Aging and Disability Resource Centers (ADRC) help persons with dementia stay in the community. They provide specialized education to ADRC staff, providers and families, in-home consultation, volunteer development, and community coalition building. The purpose of the program is to impact the lives of the individuals and families living with dementia as well as improve the sustainability of our long term care system by reducing or eliminating their need for public funding. ***Each day that an individual remains in the community outside of expensive institutional care saves the taxpayers \$161 per day or \$58,925 annually. (Elderly Benefit Specialist Fiscal Impact calculation).*** The DCS program is a wise and sound investment of public dollars.

Wisconsin Communities and Citizens Benefit from an Investment in Dementia Care Specialists

Statewide financial investment in Dementia Care Specialists has been low cost, with tremendous reach into local communities. Statewide, the total investment has been \$1,280,000 GPR covering 26 counties with 16 positions. Each ADRC is awarded \$80,000 primarily for costs related to these highly valued positions. This is a contained cost that would only grow with expansion to additional counties. Program funding is scheduled to end December 31, 2017. The current 2017-2019 State Budget does not fund the current 16 positions. We ask consideration for cost to continue the valuable services currently funded, and propose a schedule for expansion. Each position draws down additional critical federal dollars with their activities. These positions generate additional federal revenue that contributes to other important ADRC services. Statewide, its estimated \$827,520 federal dollars will be lost that are working in our communities. If the Wisconsin legislature does not act Wisconsin communities will lose access to DCS's valuable expertise and the Federal Revenue that comes with it. ***Brown County will lose \$131,720.***

- ***Budget Year 2018 January 1, 2018 - June 30, 2018: \$760,000:*** Cost to continue 16 existing positions covering 54% of the States older adult population in 26 counties.
- ***Budget Year 2019: July 1, 2018 - June 30, 2019: \$2,560,000:*** Cost to continue plus expansion statewide.
- ***Total Request for 2017-2019 Biennial Budget: \$3,320,000 (Does not include any funding needed for state program administration.)***

ADRC's Can't Continue DCS Programs Without this Funding

ADRCs are already struggling to keep up with the volume. They need to be a generalist to serve their customers diverse needs. . In Wisconsin, there has been a steady increase in the workload as well. The 2014 Wisconsin ADRC status report states an ADRC is contacted every 13 seconds for information, guidance and support. ***Brown County has experienced this steady growth: 2014 Contact Volume: 31,034 2015 Contact Volume: 38,313 2016 Est: Contact Volume: 41,000. The word is out. Families and professionals are calling for and receiving the additional services the DCS Program provides.***

Dementia Care Specialists (DCS) are highly trained professionals who have the time to stay current on new treatments and clinical trials that are occurring around dementia diagnosis and treatments.

- DCS provide valuable case consultation, including crisis planning and prevention. DCS spend time educating individuals and families about the disease and discuss person-centered plans to improve outcomes related to changes in communication, behavior, and symptoms. All of these activities lie beyond the scope and resources of ADRC staff's role.
- DCS provide expertise that is shared widely. The momentum to create a Dementia Friendly Wisconsin will be stalled if concentrated outreach, training and facilitation of community projects discontinue without the DCS position. These efforts can't be absorbed.

They provide:

- Training for, law enforcement, fire and rescue, and hospitals so they are prepared to meet the needs of the people they serve.
- Leadership in the dementia friendly community initiatives that include businesses, employers, and other local organizations to help raise awareness of the unique needs of people with dementia and their families. Without this dedicated position the ADRC would not be able to continue to lead the Coalition initiatives. It has been demonstrated that a dedicated person leading a local community initiative greatly improves success.
- In person, interactive education. It has been the ADRCs experience that individuals respond well to in person, interactive education where an experienced, skilled professional is present to answer questions.
- DCS support the professional development of other ADRC staff.
 - Assure staff is trained in consistent reliable memory screening including the cognition portion of the long term care functional screen.
 - Assure fidelity, reliability and consistency of staff administration of memory screen completion.
- The DCS have strong partnerships with the Alzheimer's Association. They assure ADRCs collaborate, not duplicate services that are in high demand. The DCS's are present in the local communities, are able to meet 1:1 in persons homes and respond to the referrals from the Alzheimer's Association in local communities. ADRC's are the only community resource that provides memory screening.
- DCS provide evidence-based interventions.

**Dementia
Care
Specialists**

Serving Individuals,
Families and the
Community



The DCS provide opportunities for individuals and family caregivers to participate in evidence-based interventions.

- ***The Memory Care Connections*** program provides family caregivers with the tools to be successful in providing care for their loved ones. The program has been shown to help families care for loved ones at home an average of 18 months longer than without the support of the program.
- ***The LEEPS (Language Enriched Exercise Plus Socialization)*** program provides opportunities for people in the early stages of Alzheimer's disease or mild dementia to engage in exercise and social opportunities. LEEPS has been shown to help individuals with dementia improve their physical fitness and mood as well as maintain functional ability.

Dementia Care Specialist Program A Wise Investment: Crucial to Containing Costs

ADRC of Brown Co, 300 S. Adams St., Green Bay 920.448.4300 www.adrcofbrowncounty.org

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Care and Services Go Far Beyond Individuals

The Brown County Dementia Care Specialist position has made an impact in our community on multiple levels:

- **Public Speaking**
 - Increasing public awareness of dementia, the importance of early detection, and how to provide support to individuals living with dementia and their families.
 - Empowering the public to be part of a Dementia Friendly Community and reach out and support neighbors, friends, & family members living with dementia.
 - Reducing stigma to enable people with memory/cognition concerns to reach out for information and support and participate in memory screens in an effort to promote early detection.
- **Leadership and Coalition Building**
 - **Purple Angel Program** trains employees of local businesses to create welcoming environments for persons living with dementia and their care partners. Our community needs to not only be prepared to help individuals live and work with memory loss but also embrace their presence in the places we live, work and socialize.
 - **Memory Cafes** engage families, reduce isolation and stigma and will change the face of living with dementia right here in Brown County. Two were opened through a local Community Foundation Grant. We need to continue to open more cafes.
 - **First Responder Crisis Committee** focuses on training law enforcement and fire departments, distributes File of Life, and promotes safe and respectful responses to person with dementia in a crisis situation
 - **Down Syndrome Committee** is exploring our community's needs and responses to the significantly high rate of Alzheimer's disease in persons with Down syndrome. Challenging our systems to assess, respond and support these individuals is a new and critical area of need.
- **Personal Assessments and One-on-One Family Coaching and Advocacy**
 - Provide disease and symptom education, communication strategies, techniques on working with challenging situations and behavior, and how to live with a new diagnosis.
 - Facilitate family meetings, caregiver support, and service connection – with a goal of remaining in the home for as long as possible with the best quality of life for all. This goes far beyond what existing ADRC staff is able to provide due to the special knowledge and expertise required.
- **Professional Community Consultation, Training, and Expertise**
 - Provide consultation and training to aging and disability service professionals, law enforcement, adult protective services, Crisis Center, social services agencies, faith communities, business managers, financial sector professionals, care providers, or any other professional when they have questions regarding assisting a consumer who has dementia.

Lives Already Changed – Many More Can Be

Books and Websites are not enough

"My sister and I would like to thank you for the time you spent with us yesterday helping us to understand our Mother's dementia problems and the options that are available. We have been searching for months to find a single source of information on all the issues that bear on maintaining her and planning for her future. Innumerable books and websites just do not do it. There is absolutely no substitute from sitting face to face with someone who knows the issues, knows the problems, and can offer options and solutions. Thank you again. You are a lifeline to those of us facing these kinds of problems and issues."

Encouragement to seek help invaluable

*"Our heartfelt appreciation for the time you spent with **** yesterday. She is transformed, empowered, grounded – my sense is that this is something sustainable for her if she continues to seek support when needed and use the self-care supports she's been given. Your time is so precious, and given with a grace-filled heart. I want you to know that it was worth it. Thank you and many blessings be upon you."*

"You're a great encourager! You may never know how much I needed that this morning! I feel like you really understand me and what I'm going through and that I can keep living my life." – from a person living with dementia.

Staying home and out of the nursing home

*"If it wasn't for you, I would never have been able to keep ***** home with me. He would be in a nursing home already. Thank you so much. I can't thank you enough."*

Invaluable support to other community professionals

"During a home visit with a family, who has a member struggling with their Alzheimer's, I had a conversation which turned into a referral for the Dementia Care Specialist program. The Dementia Care Specialist, Nicolette Miller, met with the family for several hours answering each and everyone's questions. The family had reported to me that initially they were hesitant on the referral, not knowing what sort of assistance and information they would receive. After speaking with Nicolette, the family indicated to me that they feel more informed to their family member's disease. The information has taught them great techniques to work with the family member than to work against her. The family has reported that their overall stress has decreased since their home visit and they could not say enough about the program."

Memory screening: One of many valuable community partnerships

"Your memory screen program is showing impressive growth. I know the community truly values the service you are providing. Thank you for taking the time to remind all of us how a good partnership can work"

"Thank you for this great compliment as we truly value our relationship and are making great strides together! Your involvement and collaboration are instrumental in helping our families. We appreciate the stats update and all that you do!"

"In all my years in the dementia field, I have never seen this much action and momentum around dementia support, education, and initiatives."

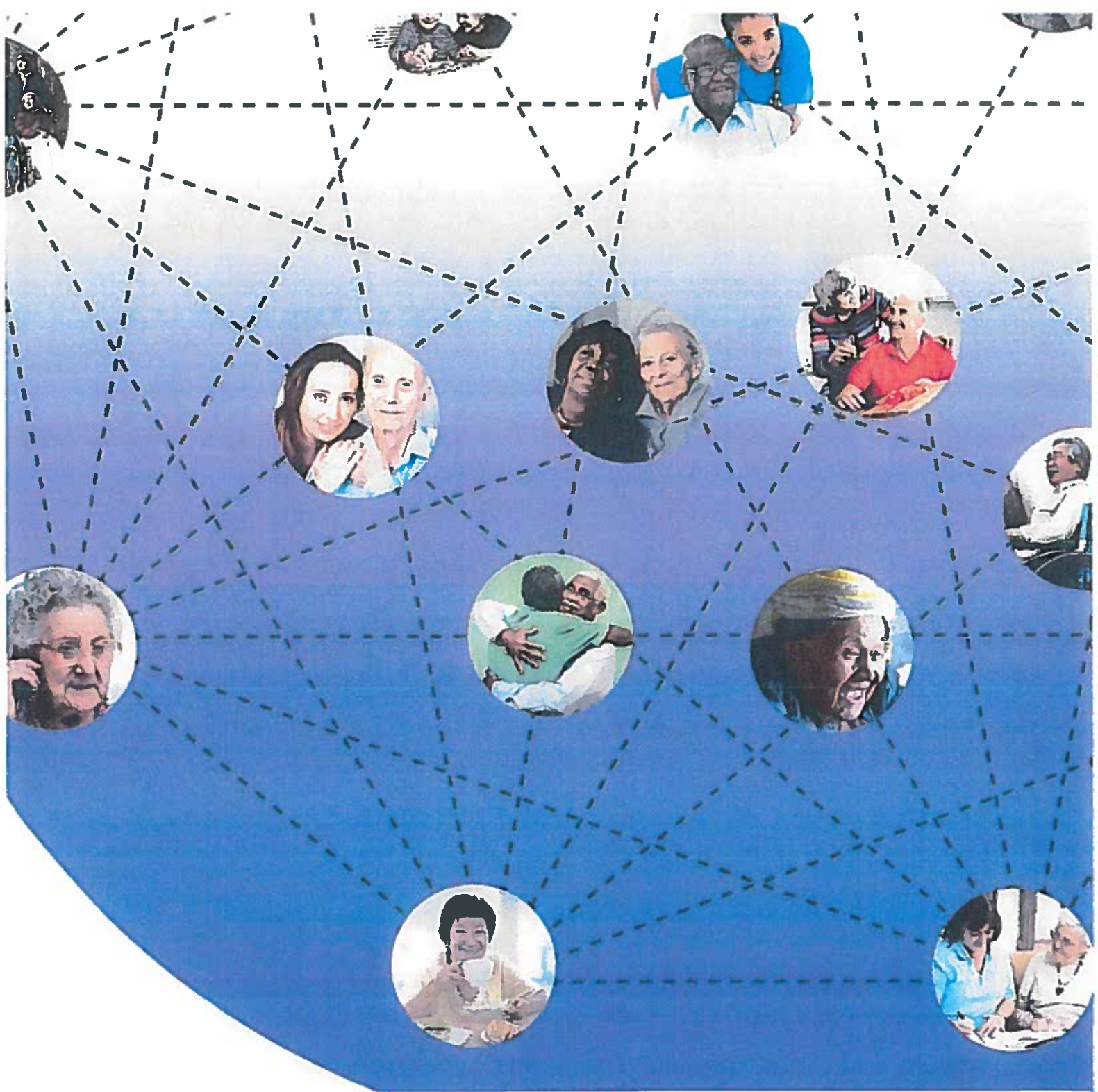
Educating and engaging community organizations

"On behalf of the Green Bay Area Retired Men's Club, thank you for your presentation on dementia and information on the services available at the Aging and Disability Resource Center and throughout Brown County. I thought the presentation was very professional and well put together. Your speaking style and knowledge about dementia made for an great presentation. I hope that some of our members will volunteer to help where they can to assist those who are dealing with this terrible disease. Several members said they thought it was a very important issue and that they were glad that they learned more about Alzheimer's dementia."

Dementia Care Specialist Program A Wise Investment: Crucial to Containing Costs

ADRC of Brown Co, 300 S. Adams St., Green Bay 920.448.4300 www.adrcofbrowncounty.org





DEMENTIA CARE SPECIALIST

2016 ACTIVITY REPORT



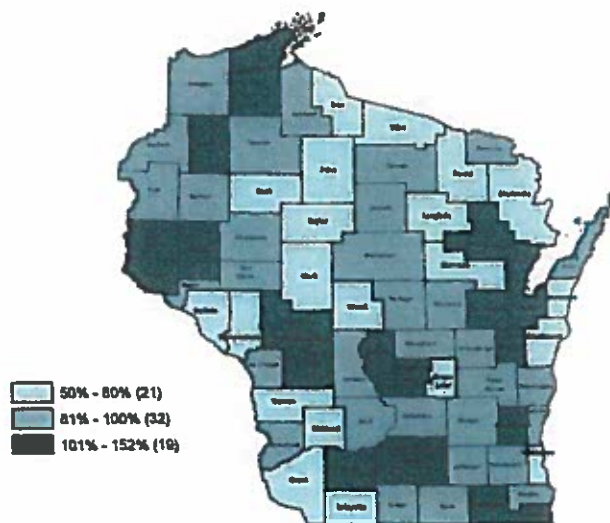
Wisconsin Department of Health Services
P-01775 (03/2017)

INTRODUCTION

In 2015, an estimated 115,000 individuals in Wisconsin were living with Alzheimer's disease or a related dementia. By 2035, that number is expected to grow to 216,000.¹ Figure 1 represents the estimated percent increase in the number of people with dementia in each county from 2015 to 2035.² For 21 counties, the percentage is projected to increase by at least 50%. For the 19 counties in the darkest shade, the population with dementia is projected to increase by at least 100%, up to 152%.

Without a cure or effective treatment, Alzheimer's disease is the only cause of death among the top 10 chronic illnesses that cannot be prevented, cured, or slowed in its progression. It is quickly becoming expensive for family caregivers and state-funded long-term care programs. In 2016 alone, Medicaid costs in Wisconsin totaled \$706 million for people over age 65 with Alzheimer's disease and other dementias.³ In addition, family caregivers provided 219 million hours of unpaid care for people with dementia valued at \$2.7 billion in Wisconsin in 2015.⁴

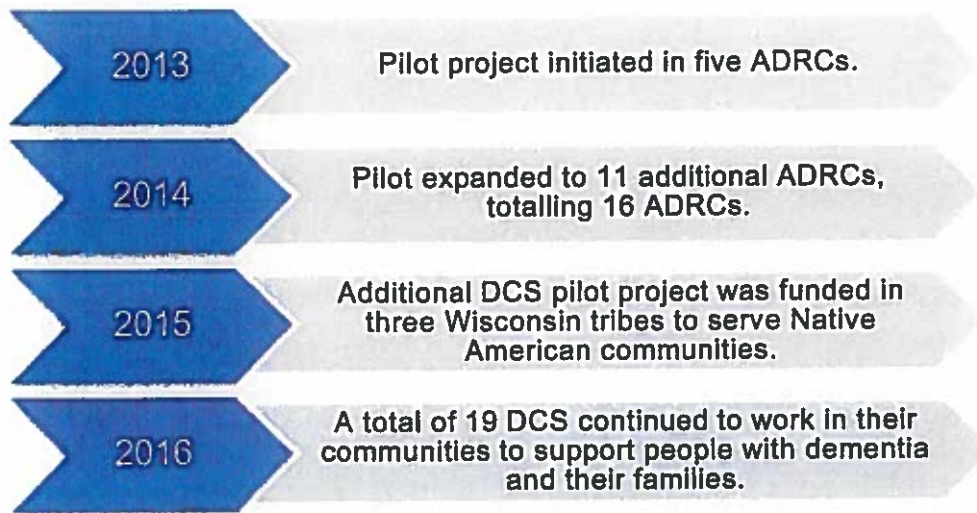
Figure 1 Projected Increase in Dementia 2015-2035



The large number of people affected, the personal impact on individuals with dementia and their families, and the cost of providing care are all compelling reasons for providing a community specialist as part of the dementia care system in Wisconsin. In 2013, the Wisconsin Department of Health Services piloted the Dementia Care Specialist (DCS) project in five aging and disability resource centers (ADRC). In 2014, the pilot expanded as part of the Dementia Care System Redesign. Since then, the pilot project has grown to 19 DCSs, including three at tribal agencies.

Dementia Care Specialists support individuals with dementia to remain active and able to stay in their homes in the community and provide support to family caregivers. DCSs also work with other professionals and throughout their community to develop dementia-friendly organizations, businesses, and communities.

PILOT TIMELINE

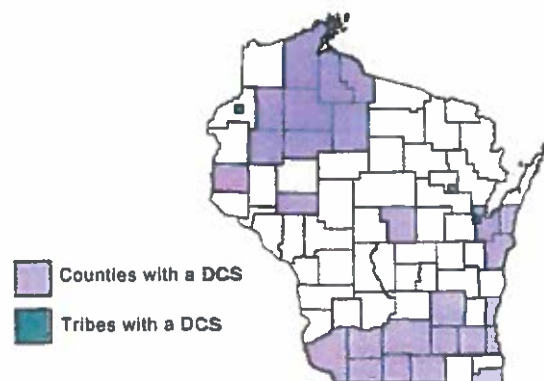


PILOT SERVICE AREAS

AGING AND DISABILITY RESOURCE CENTERS WITH A DEMENTIA CARE SPECIALIST			
Barron, Rusk, and Washburn Counties	Eau Claire County	Milwaukee County	Rock County
Brown County	Jefferson County	North (Ashland, Bayfield, Iron, Price, and Sawyer Counties)	Southwest (Grant, Green, Iowa, and Lafayette Counties)
Dane County	Kenosha County	Ozaukee County	St. Croix County
Dodge County	Lakeshore (Kewaunee, and Manitowoc Counties)	Portage County	Waukesha County

TRIBAL AGENCIES WITH A DEMENTIA CARE SPECIALIST
Menominee Department of Aging and Long Term Care
Oneida Tribe Elder Services
St. Croix Tribal Aging Unit

Figure 2 DCS Project Service Areas in 2016



PILOT GOALS

- 1 Support individuals with dementia to remain active and able to stay in their own homes in the community.**
- 2 Support family caregivers so that they can continue to help their loved ones with dementia remain in the least restrictive setting for as long as possible.**
- 3 Increase the dementia capability of the local ADRC as well as other county and tribal agencies.**
- 4 Facilitate local efforts to build dementia-friendly communities.**

FROM THE DESK OF A DCS ON CAREGIVER EDUCATION

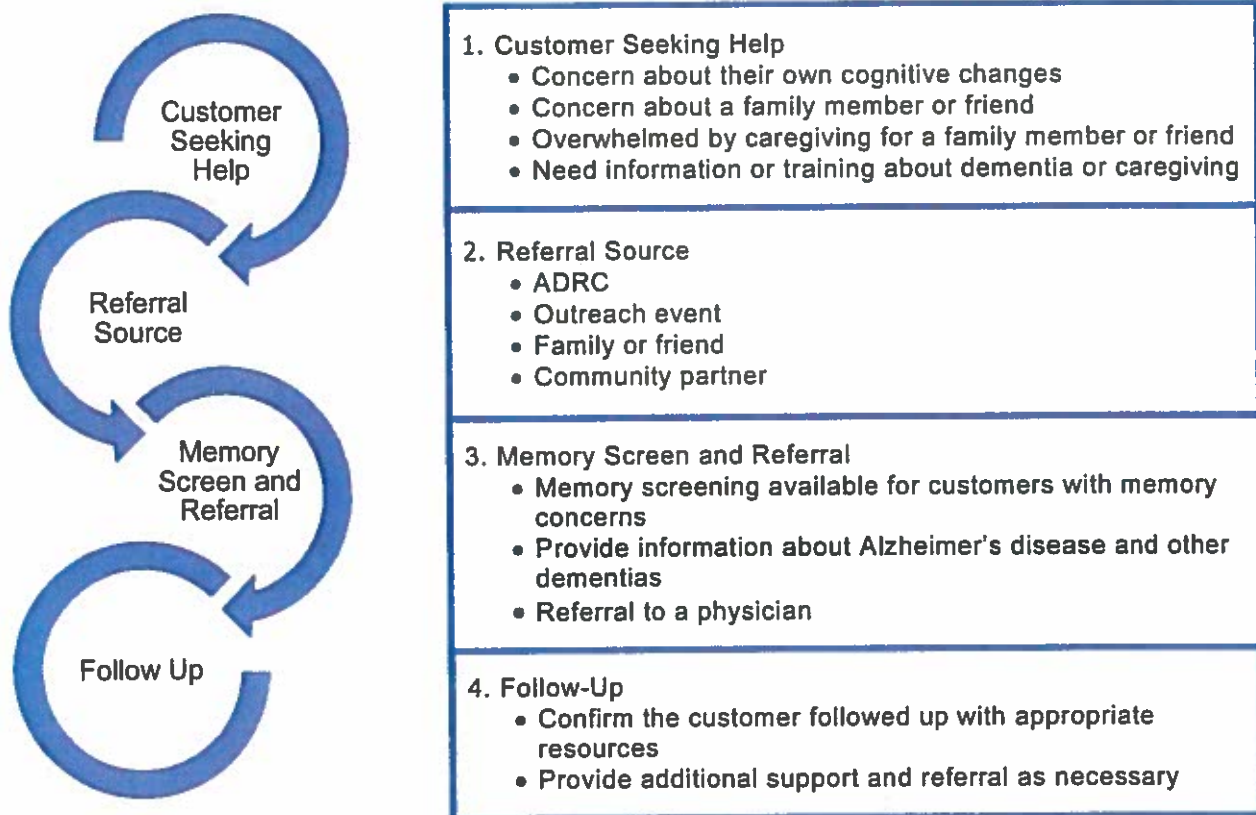
"It is surprising to me the amount of caregivers whose loved ones have been diagnosed (even a year or longer) and have received no education about the disease, progression, or other information to help plan for the future. So many people receive 'dementia' as a diagnosis along with a prescription...

"Education about getting a specific diagnosis is incredibly important to take the next step in educating about that diagnosis and help that individual/family understand the symptoms, management, communication, environment, activities, and services available. When that family understands these things and can implement strategies using this information, the person living with dementia has a greater chance of remaining at home longer."

Nicolette Miller, Brown County DCS

PILOT IMPACT

The services that customers seek from a DCS vary from county to county and tribe to tribe. However, there is a general pattern to the way customers are served by ADRCs and tribal agencies to address their concerns about Alzheimer's disease and other dementias. Below is a diagram that illustrates this process. Each step in this process will be expanded in a section sequentially laid out in this report.



Much of the aggregate data that is in this report reflects reported data for all of 2016. However, due to a change in reporting tools, the indicated tables throughout the report only reflect data collected from April to December 2016. It should be noted that these data are an underrepresentation of the total impact that DCSs made in 2016. For more information regarding the change in reporting tools, please see the note at the end of the report.⁵

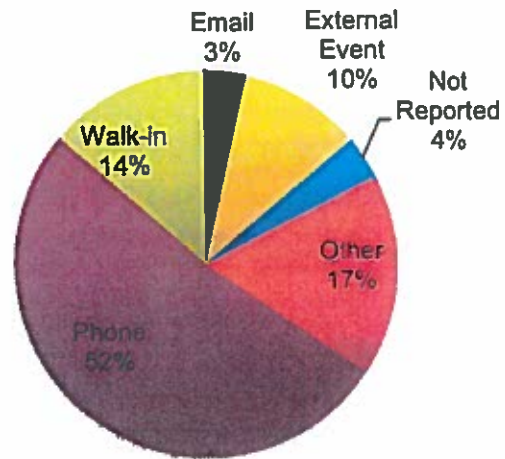
In addition to serving customers at ADRCs and tribal agencies, DCSs also work with businesses, law enforcement, local organizations, and the community to increase awareness of the unique needs of individuals with dementia and their caregivers. They attend numerous outreach events and provide their expertise to other professionals in their service areas.

CUSTOMER SEEKING HELP

DCSs provide information about a wide variety of topics related to Alzheimer's disease and other dementias, including but not limited to: signs and symptoms of the disease; cognitive screening and referral to a medical professional; family caregiving and respite; difficult conversations about safety and independence; and power of attorney for healthcare and finances. All information is provided to community members regardless of income level.

Customers can reach the DCSs through many different routes. In 2016, over half of contacts occurred via phone call. In some cases, these calls are routed through information and assistance specialists at the ADRC. In other counties, the DCS provides his or her direct number to customers on brochures and other educational materials. DCSs also see walk-in customers who may request a memory screen or need information about caring for a family member with dementia.

Figure 3 Customer's Mode of Initial Communication, May - December 2016, n=1,924



DCS CONTACT QUICK STATS

Total Contacts: 2,822
Minimum Age: 18
Maximum Age: 103
Average Age: 68.6

Male: 30%
Female: 69%
Not Reported: 1%

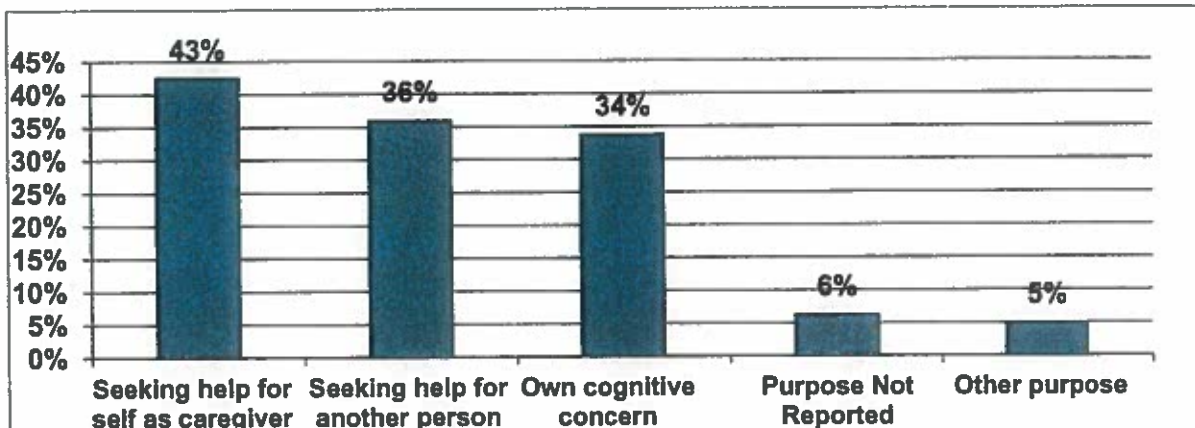
In 2016, 43% of people who contacted a DCS were seeking help for themselves as caregivers. According to the Alzheimer's Association, 83% of care provided to people with dementia living in the community is provided by unpaid caregivers, most often family members.⁶ Family caregivers often lack sufficient training to be able to appropriately respond to the needs of a family member with dementia or to recognize their own need for support.

FAMILY CAREGIVERS

- Are the most common people to call a DCS looking for resources and support.
- Provided 219 million hours of unpaid care for people with dementia valued at \$2.7 billion in Wisconsin in 2015.

Of those who were seeking help for themselves as a caregiver, 37% were a spouse or partner and 50% were an adult child.⁷ Many spouses and adult children whose parents develop dementia do not think of themselves as caregivers. They are often unaware of the physical and mental stress that being a caregiver has placed on them. DCSs provide necessary training and referrals for family caregivers to better support the person with dementia in the community. Half of contacts who were seeking help for another person were adult children, presumably looking to help a parent who was exhibiting memory concerns or for a parent who was overwhelmed by caregiving.⁸

Figure 4 Purposes of Contact's Initial Communication with DCSs*, May - December 2016, n=1,924



*More than one purpose may be selected

The most common age group to contact a DCS was 60-79 years of age. This trend was consistent across all purposes for initial communication. People in this age group were the most likely to contact a DCS related to their own cognitive concern, seeking help for themselves as a caregiver, seeking help for another person, and for all other purposes. By 2030, this age group is projected to increase 38%, making them over 22% of the population.⁹ The concerns and needs of this population regarding dementia and caregiving are going to continue to grow and become more critical in the coming decades. DCSs are poised in their communities to be a resource for all as the need for this type of resource grows.

COMMUNITY REFERRAL NETWORK

DCSs develop strong connections with community partners to foster a referral network, in order to achieve better outcomes for people with dementia and their family caregivers. In 2016, DCSs received 1,924 referrals from the community and they made 5,600 referrals to community resources and programs.¹⁰

In 2016, ADRCs and tribal agencies received over 18,000 calls statewide regarding Alzheimer's disease and other dementias.¹¹ The DCSs provide a high level of expertise in ADRCs and invaluable services to individuals with dementia, their caregivers, professionals and other community members. The location of DCSs in ADRCs and tribal agencies helps provide seamless mutual referrals to additional supportive services. ADRCs, county or tribal aging units, and independent living centers provide a wide variety of services and supports for people with dementia and their caregivers, including, but not limited to: home-delivered meals, family caregiver training and support, legal advice and services, information and assistance, options counseling, intergenerational volunteer programs, transportation services, chronic disease self-management programs, long-term care programs, and independent living services.

TOP FIVE REFERRAL SOURCE TO DCS		
Source	Number	Percent
County and Tribal Agencies	678	35%
Friends and Family	276	14%
Outreach Event	276	14%
Health Care Professional	115	6%
Community Services	92	5%
Total	1,924	*
*Note: Total percent will not equal 100%		

Family members and friends are the second most common source to refer to a DCS. This is significant because it illustrates that people in the community are talking about dementia and related resources. Unfortunately, a diagnosis of Alzheimer's disease or other dementias often carries stigma. Misconceptions about these diseases and lack of awareness impacts quality of life and how people seek help. If family and friends are referring their loved-ones to a DCS, this would seem to indicate that they understand that the DCSs will provide education, support, and resources in a safe, judgment-free environment.

TOP FIVE REFERRALS FROM DCS		
Source	Number	Percent
Caregiver Support Program	484	21%
County and Tribal Agencies	587	15%
Alzheimer's or Dementia Agency	450	11%
Memory Café	351	9%
Health Care Professional	278	7%
Total	4,031	*
*Note: Total percent will not equal 100%		

FROM THE DESK OF A DCS ON PROVIDING SOLUTIONS

"We have learned that families often have limited time and frequently need short-term assistance through difficult situations. They come for information and resolutions to a short-term problem and will then return later when new problems arise. The role of the dementia care specialist has been crucial in helping families find the resources and tools that allow them to continue to care for their family members at home."

Joy Schmidt, Dane County DCS

DCSs collaborate with many partners around the state and receive referrals from all over the community. There is a strong collaborative effort between the DCSs and many local Alzheimer's advocacy and support agencies.

Additionally, DCSs receive referrals from the 36 memory clinics that are affiliated with the Wisconsin Alzheimer's Institute to facilitate early diagnosis. These clinics and others refer to a DCS for appropriate services and supports.

DCSs work closely with adult protective services agencies and crisis response units. DCSs also work with local coffee shops, restaurants, senior centers, and libraries to develop memory cafes, which are social gatherings for those with early

stage dementia or mild cognitive impairment and a caregiver.

DCSs also provide opportunities for individuals and family caregivers to participate in programs to improve the experience and outcomes of both caregivers and people with dementia such as, memory cafes, Memory Care Connections (MCC), Language-Enriched Exercise Plus Socialization (LEEPS) programs, SPARK!, and Music & Memory.

Memory cafes are social gatherings for those with early stage dementia or mild cognitive impairment and a caregiver. People with dementia and their caregivers often become isolated due to behavioral symptoms of dementia. Memory cafes are safe, accessible events that are held where people naturally gather to enjoy social activities such as coffee shops, restaurants, libraries, and community centers. Activities are geared to a wide range of cognitive abilities and help attendees to stay active and engaged. Although information about dementia is often available, the time is focused on having fun and not on the disease.

Memory Care Connections (MCC) is an evidence-based program (known elsewhere as the New York University Caregiver Intervention program) that provides family caregivers with the tools to care for their loved ones. The MCC program has been shown to help families care for loved ones at home an average of 18 months longer than without the support of the program. In 2016, there were 109 individuals referred to an MCC program.¹² Evidence-based expectations for this program's outcomes predict a collective 163 additional years of living at home for participants.





The LEEPS program provides opportunities for people in the early stages of Alzheimer's disease or mild dementia to engage in exercise and social opportunities. LEEPS has been shown to help individuals with dementia improve their physical fitness and mood as well as maintain functional ability.

Music & Memory was originally established to improve the care and quality of life for dementia patients in nursing homes by providing them with personalized music on an iPod. The project has been expanded to the community, where family caregivers are able to provide personalized playlists to their loved one to reduce caregiver stress and burden.



MUSIC & MEMORY PROGRAM



SPARK! provides an opportunity for those with early to mid-stage memory loss and their care partners to enjoy art, artifacts, and nature in comfortable settings. The project is based on the Meet Me at MoMA project at the Museum of Modern Art in New York.

FROM THE DESK OF A DCS ON ENCOURAGING ENGAGEMENT

"We have seen the number of participants increase dramatically at memory cafes and more importantly, the level of engagement and comfort people show in being there and interacting with others is fabulous to see. We have people coming with their spouses or adult children, paid caregivers or by themselves. Many have verbalized hesitancy at attending something like this as they haven't been involved in any organized activities related to their memory changes or diagnosis."

Kathy Glaser, Ozaukee County DCS

MEMORY SCREENS

DCSs are trained to perform memory screens for individuals in the community to determine a need for clinical follow-up with a primary physician or other health care professional. DCSs also train other ADRC and tribal staff on the use of the memory screen tools. A memory screen program manual is available to provide guidance on offering memory screens in the community. In 2016, ADRCs and tribal agencies received 16,356 calls regarding Alzheimer's disease or other dementias. Out of those calls, 11% resulted in a memory screen.¹³

Memory screening is one way ADRCs and tribal agencies are meeting the challenge of becoming dementia-capable. Individuals are offered the opportunity to participate in a memory screen that assesses whether cognitive impairment may be present. The screen typically consists of two brief exercises the— Animal Naming screen and the Mini-cog screen. The screens require a few minutes to administer and each indicates whether an issue may exist that requires further clinical screening or diagnostic tests. These exercises do not indicate a reason for the memory issues and do not constitute a medical diagnosis.

MEMORY SCREEN QUICK STATS

Total Memory Screens by DCSs: 620
Total Memory Screens by ADRCs: 1,667
Average Age: 72.7

If the results of the screen indicate that clinical follow-up is recommended, the DCSs will offer to send the screening results, along with a letter, to the individual's physician. For this process to be successful, it is important for the DCSs to collaborate closely with local clinicians to ensure that they understand the screening and referral process. It is also important that the physician be prepared to make a correct diagnosis, since available treatments and resources can be specific to the type of dementia.

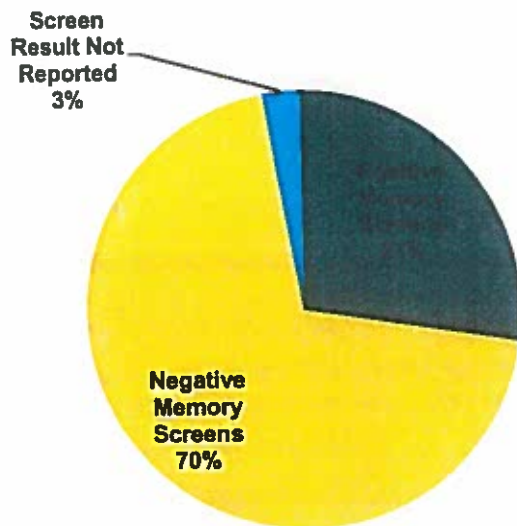
Memory screening is an important aspect of the DCS role in ADRCs and tribal agencies. DCSs not only perform memory screens for any customer who requests one, but they also offer memory screens in the community at various outreach events. In fact, nearly half of the memory screens performed by a DCS were completed at an outreach event.¹⁴

FROM THE DESK OF A DCS ON BUILDING TRUST

"They need to feel empowered to contact their physician about these changes and to advocate for a diagnosis or a referral for further testing if the primary physician is unable to provide one. We also want to encourage our consumers to build and expect to have a good and trusting relationship with their physician."

Judy Wiese, Dodge County DCS

Figure 5 Result of Memory Screens Conducted by DCSs, 2016, n=620



In 2016, more than one in four individuals who participated in a memory screen with a DCS were referred to a doctor for clinical follow-up.¹⁵ Memory screens and appropriate referral result in early detection of dementia.

Early detection of dementia:

- Allows individuals to work with their doctors to determine what lifestyle changes they can make or what treatment options may be available to address the progression of the disease or ease symptoms.
- Allows individuals and families to make plans for the future such as making health care and financial decisions when the person with dementia can still participate.
- Allows time for families to learn about caregiving, and arrange support and respite, which can help avoid potential crisis situations.

FROM THE DESK OF A DCS ON STARTING CONVERSATIONS

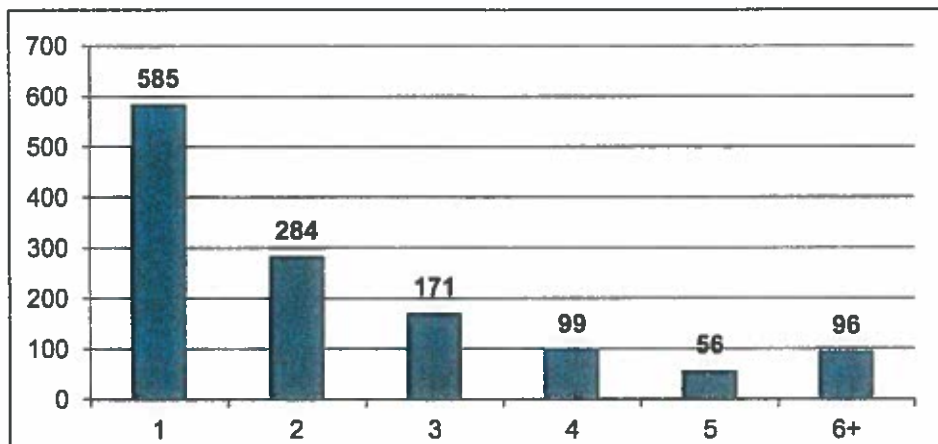
"I have found memory screens to be a vehicle to encourage the conversation early on. The one-on-one interchanges allow individuals a place to safely ask their questions. Several consumers have already returned for a retest and even more have followed up with me when they noticed accelerating or problematic changes. Screens have provided a bridge to open conversation for couples. They are taken back-to-back, and then we discuss results together without pointing fingers. Adult children have proactively followed up on their concerns by scheduling a screen for their parent. Often, they take one too and then next steps are discussed in a palatable manner making implementation of a plan more successful."

Judy Wiese, Dodge County DCS

FOLLOW-UP

After providing referrals to people with dementia or their family caregivers, DCSs often conduct follow-up to ensure the family received the information and resources needed. For two-thirds of contacts, a DCS had at least one follow-up. DCSs conducted six or more follow-up conversations with 5% of contacts.¹⁶

Figure 6 Number of Follow-Up Conversations with Unique Customers, May - December 2016, n=1291



When a DCS first meets with or talks to a customer, the family is often in a crisis situation or beginning their journey with dementia. It is important for the DCSs to address the immediate concern of the family without overwhelming them with information or resources. It becomes necessary for the DCSs to regularly check in with the family to provide information in "bite sized" pieces. It is not just a question of what information is needed, but also of the best time to present this to the family so that it will be received and incorporated effectively. Showing compassion and understanding while providing follow-up helps to establish a trusting relationship, which results in a better outcome for the person with dementia and the caregiver.

FROM THE DESK OF A DCS ON ADDRESSING CRISIS

"Families are often already in crisis when the DCS is engaged. It is important to not inundate them with too much information. It is best to provide them with a list of support groups, ADRC contact information, and local resources they may be seeking. We need to be careful of standing at the 'brochure wall' and pulling out everything we think they may need."

Cori Marsh, Rock County DCS

OUTREACH

In support of fostering dementia-friendly communities, DCSs work with businesses, employers, local organizations, and the community to increase awareness of the unique needs of individuals with dementia and their caregivers. Initiatives like the Toolkit for Building Dementia-Friendly Communities (P-01000), Purple Angel Dementia Awareness Campaign and Dementia Friendly America provide DCSs with tools and resources to provide training to businesses and other community partners.

DCS OUTREACH QUICK STATS

Total Outreach Events in 2016: 1,870

Total Attendees at Outreach Events in 2016: 40,361

Total Outreach Events 2015 and 2016: 3,115

Total Attendees at Outreach Events 2015 and 2016: 71,493

DCSs provide community education, mobilize community resources, and consult with law enforcement, adult protective services, crisis response teams, medical providers, and others who need information regarding dementia-related issues. The sweeping scope of DCS outreach is necessary to reach all community services and providers that may serve people with dementia and family caregivers. DCSs facilitate and lead efforts to make local communities safe and welcoming for people with dementia.

WE ARE



DEMENTIA FRIENDLY

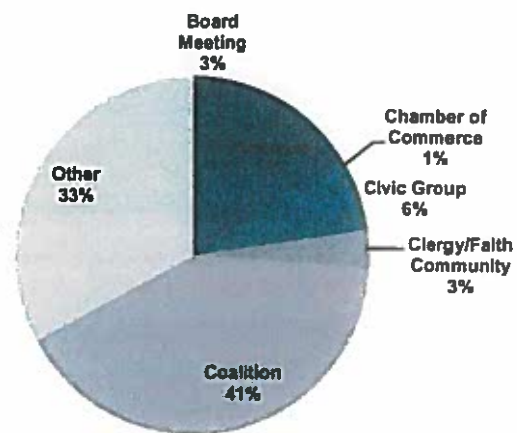
FROM THE DESK OF A DCS ON FACILITATING INCLUSIVITY

"We believe that the ongoing role of the ADRC as a facilitator is vital to the dementia-friendly initiatives. Creating an environment that is respectful, supportive, and all-inclusive for the many agencies and volunteers allows for a cohesive and consistent message to be shared across the county. We hear from consumers that they appreciate living in communities that understand their needs."

Joy Schmidt, Dane County DCS



**Figure 7 Types of Meetings, May - December 2016,
n=495**

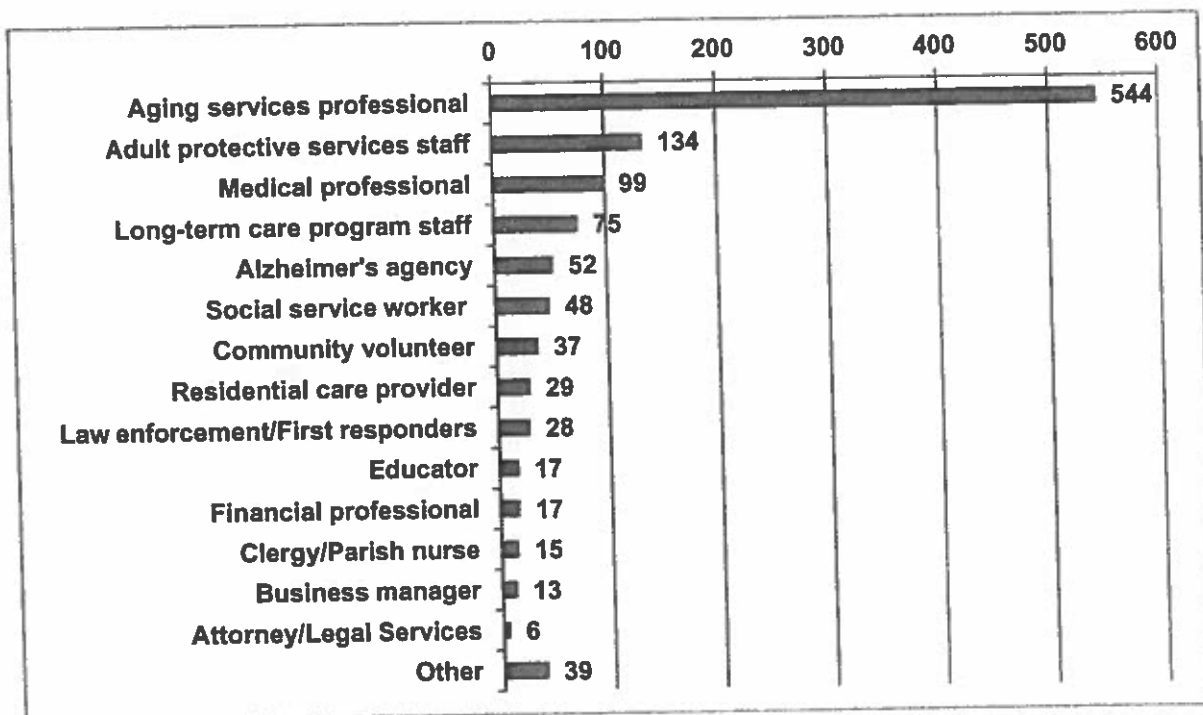


Meetings are a fairly common activity for professionals in any business sector. For DCSs, meetings are not only a place to share ideas and make decisions, but also to make community-wide system changes. Many counties have dementia coalitions that meet regularly to discuss initiatives. DCSs act as catalysts promoting local initiatives and encouraging coalition members to conduct community outreach. DCSs also meet with members of the faith community, civic groups such as Kiwanis, a variety of businesses, and others.

PROFESSIONAL EXPERTISE

DCSs are experts in their field. They have a variety of backgrounds and experience, but the common attribute that brings them all together is that they are extremely knowledgeable and passionate about working with people with dementia and their caregivers. DCSs are a valuable resource for all organizations in their local community and for other professionals. In 2016, DCSs documented 1,153 consultations with professionals.

Figure 8 Number of Consultations by Type of Professional, May - December 2016, n=1153



LOOKING FORWARD

As a leading state in innovative dementia practices, Wisconsin looks forward to building on the solid foundation that DCSs have built. When referring to the Dementia Care System Redesign project, former Department of Health Services Secretary Kitty Rhoades would say, "We are all in this together!" Every day DCSs bring people and communities together across the state to build better systems of care and community engagement to serve people with dementia and their family caregivers.

RESOURCES

Wisconsin's Family Caregiver Support Programs: <http://wisconsincaregiver.org/>

Wisconsin Alzheimer's Institute Memory Clinics:

<http://www.wai.wisc.edu/clinics/overview.html>

Wisconsin Alzheimer's Institute: <http://www.wai.wisc.edu/>

Wisconsin's Crisis Response System: Capacity for Serving Persons with Dementia:

<https://www.dhs.wisconsin.gov/publications/p01072.pdf>

Wisconsin Memory Cafe Directory: <http://www.memorycafedirectory.com/memory-cafes-in-wisconsin>

Memory Screening in the Community Manual:

<https://www.dhs.wisconsin.gov/dementia/memoryscreening.htm>

Wisconsin Music & Memory Program: <https://www.dhs.wisconsin.gov/music-memory/index.htm>

Meet Me at MoMA project: <https://www.moma.org/meetme/>

Toolkit for Building Dementia-Friendly Communities:

<https://www.dhs.wisconsin.gov/publications/p01000.pdf>

Purple Angel Dementia Awareness Campaign: <http://www.purpleangel-global.com/>

Dementia Friendly America: <http://www.dfamerica.org/>

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FOOTNOTES

¹ <https://www.dhs.wisconsin.gov/publications/p01159.pdf>

² This is based on a linear projection of those with dementia in household population based on 2013 national prevalence rates by age group being held constant over time. These data do not account for prevalence in non-household, institutional settings such as nursing homes. Assisted living facilities are enumerated as household population by the U.S. Census. As such, there are no specific assisted living facility population estimates via the U.S. Census from which to confidently estimate prevalence. These estimates are intended for communities' planning purposes only.

³ Alzheimer's Association "2016 Alzheimer's Association Facts and Figures," pg 52.

⁴ Alzheimer's Association "2016 Alzheimer's Association Facts and Figures," pg 39.

⁵ When the Dementia Care Specialist Program expanded to a total of 16 DCSs in 2014, the Bureau of Aging and Disability Resources (BADR) created a data collection tool in order to routinely record activity and the impact of the program. After several months of use, BADR received a plethora of feedback from DCSs and conducted its own analysis that illustrated that the tool needed to be improved. After drafting and testing, the editing process was completed in April 2016 and resulted in significant changes, yielding a more effective and descriptive tool. The new tool has a number of newly introduced field offerings and some fields from the old tool were discontinued. Some fields can be compared between both tools, but only at an aggregate level and not at a more detailed selection level.

⁶ Alzheimer's Association "2016 Alzheimer's Association Facts and Figures," pg 32.

⁷ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

⁸ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

⁹ Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Population Projections

¹⁰ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

¹¹ Client Tracking Data as of 12/31/16

¹² Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

¹³ Client Tracking Data as of 12/31/16

¹⁴ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

¹⁵ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16

¹⁶ Aging and Disability Resource Center Dementia Care Specialist Reporting System submissions as of 12/31/16